

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Eddie Pauline						Registration Number, if PAC	
Full Name of Candidate Eddie Pauline							
Street Address 980 King Avenue, Bldg 9, Apt. 6					Office Sought Columbus City Council		District
City Columbus					State OH	Zip Code 43212	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		1 ^M 1 0 ^D 8 0 ^Y 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$11,278.17
2. Total monetary contributions (From Form No. 31-A)	\$	\$675.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$11,953.17
5. Total monetary expenditures (From Form No. 31-B)	\$	\$272.51
6. Balance on hand (line 4 minus line 5)	\$	\$11,680.66
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Dan Meyers, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

11/2/2005

Date

Contribution
pages 1

Expenditure
pages 1

Other
pages

Total
pages 2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Eddie Pauline									
Full Name of Contributor Michael F. Colley						Registration Number, if PAC			
Street Address 536 S. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 2	Y 7	Amount \$250.00
Full Name of Contributor Jo Ann Davidson						Registration Number, if PAC			
Street Address 6639 Forrester Way			Employer/Occupation/Labor Organization* Co Chairman, RNC			Form (Cash, Check, etc.) Check			
City Renoldsburg		State OH	Zip Code 43068		M 1	D 0	Y 2	Y 9	Amount \$100.00
Full Name of Contributor Roger W. Tracy						Registration Number, if PAC			
Street Address 5057 Heath Gate Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City New Albany		State OH	Zip Code 43054		M 0	D 9	Y 1	Y 6	Amount \$75.00
Full Name of Contributor Jack D. Miner						Registration Number, if PAC			
Street Address 114 W. 2nd Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43201		M 1	D 0	Y 2	Y 5	Amount \$250.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$675.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Eddie Pauline									
To Whom Paid Brad Davis						M	D	Y	Amount \$272.51
Address 100 E. Broad Street, 23rd Floor						Purpose Reimbursement for Event on 10/25			
City Columbus						State OH		Zip Code 43215	Check Number 126
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number